

Enos Anderson

Town

County

Died at

Sylmar

Howard Co

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5 Sept-14

Age

39

Wid

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

None

~~Husband~~

of

Father's

Name

Mother's

Name

25d

Cause of

Primary

Heart

How long sick

About 1 yr

Death

Immediate

Systemic effects of Heart

~~Accident, Suicide, Homicide~~

Reported by

C. J. Ferguson M.D.

Address

On Route

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jas R Weer

Undertaker

Sykesville

Correct as far  
as can learn

md

JAS. R. WEER,

Undertaker

& Embalmer,

SYKESVILLE, MD.

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1898</i>	Month <i>Sept.</i>	Day <i>22</i>	Age <i>61</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Ind</i>				
Occupation <i>House duties</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of <del>the</del> or Husband <i>William Dorsey.</i>						
Father's Name <i>Richard Neal</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Clary Sands.</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Emma Dorsey.</i>	How related to deceased <i>Daughter</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stomach Trouble</i>	How long	<i>3 months.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Stephen Kilsinger &amp; Son</i>
		Address	<i>Ellicott City. Ind</i>
			<i>Undertakers.</i>
Accident or Suicide?			



Mary A Doris

Town

County

Died at

Penocka Howard Co

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 1

Age

Maryland

Widow

~~Male~~

White

Married

~~Widow~~~~Married~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

~~Husband~~  
of

John Doris

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Cancer of breast

How long sick

5 1/2 years

Death

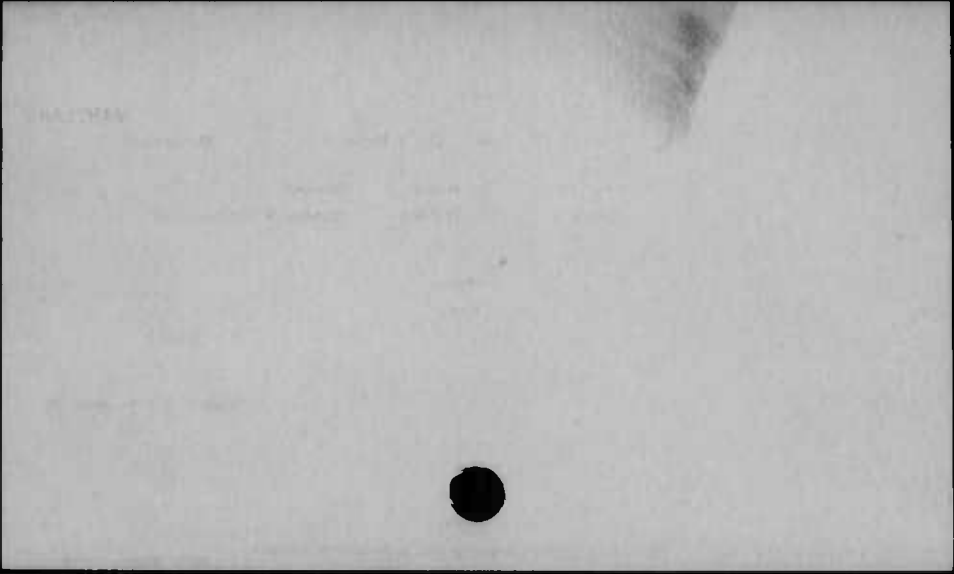
Immediate

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

J. M. Webb M.D.

Address



Name in Full

Certificate of Death

Minnie Frasier

Town

County

Died at

Savage

Howard

MARYLAND

Date 189

8

Month

9

Day

17

Y.

M.

D.

Native of

Occupation

Age

3

Male

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

J. Frank Frasier

Mother's

Name

Catharine Frasier

Cause of

Primary

Congestion of lungs

How long sick

1 day

Death

Immediate

74

Accident, Suicide, Homicide

Reported by

A. W. Cunningham M. D.

Address

Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1895





Name in Full

Certificate of Death

Martha A. Gravel

Died at

Town  
Ellicott City  
County  
Howard

MARYLAND

Date 189

6

Month

9 - 11

Day

Age

Y

39 -

M.

D.

Native of

Baltimore

Occupation

—

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

~~Husband~~

of

Philip Gravel

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Aortic Stenosis

Death

Immediate

Heart failure

57

How long sick

7 mo.

Accident, Suicide, Homicide

Reported by

David W. Stultz M.D.

Address

Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Daniel Johnson

Town

County

Died at

Georgetown

Howard

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

9

9

Age

77

Virginia

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Eliza Ann Johnson

Mother's

Name

Jane Johnson

Cause of

Primary

Inflammatory Pneumonia

How long sick

14 weeks

Death

Immediate

General Exhaustion 26

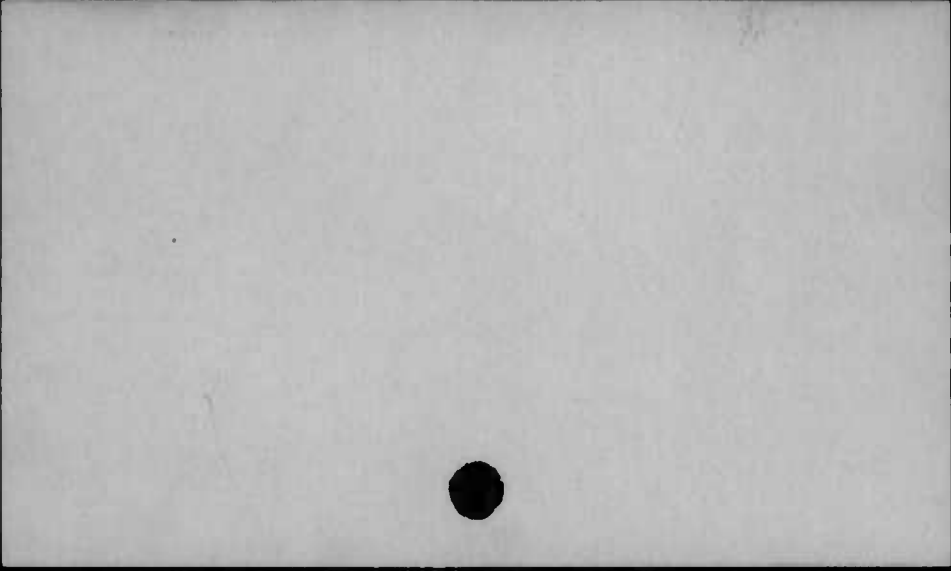
~~Accident, Suicide, Homicide~~

Reported by

Samuel J. Fort M. D.

Address

Ellicott City Md.



Name in Full

Certificate of Death

Alice Keeney

Died at <sup>Town</sup> Guilford <sup>County</sup> Howard MARYLAND

Date 189 9 <sup>Month</sup> 1 <sup>Day</sup> 10 <sup>Y.</sup> 27 <sup>M.</sup> Md. <sup>D.</sup> Infant <sup>Native of</sup> Infant <sup>Occupation</sup>

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's Name Edward Keeney Mother's Name Rebecca Keeney

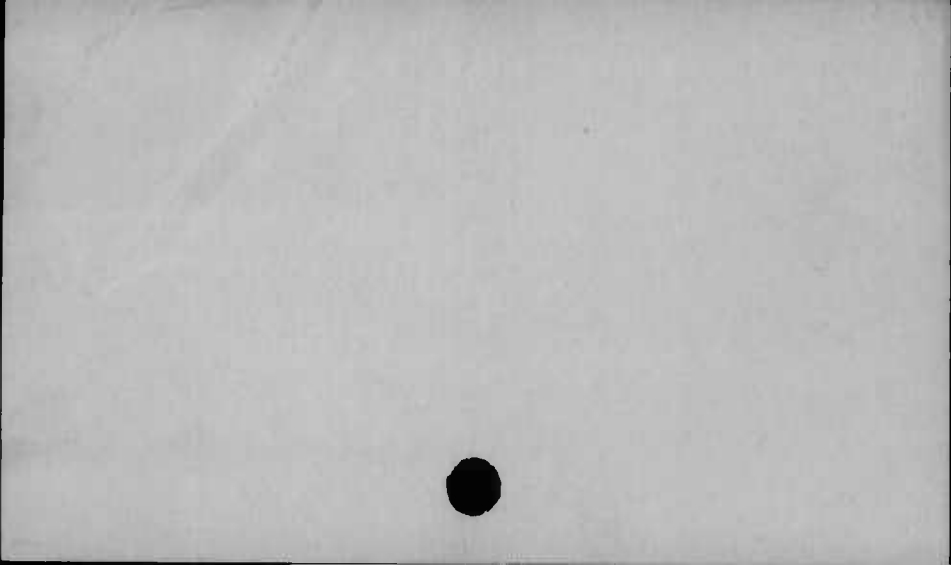
Cause of Death { Primary Cholera Infantum <sup>82</sup> How long sick 15 days

Immediate Intestinal Inflammation <sup>Accident, Suicide, Homicide</sup>

Reported by J. W. L. in the name M. S.Address Savage Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65063



Lucy

Town

Blanche

County

(Myers)  
Myers

Died at

Daisy

Month

Day

Howard

Y.

M.

D.

Native of

MARYLAND

Occupation

Date 189

8

Sept.

6<sup>th</sup>

Age

1. 6.

Daisy

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Lewis E. Myers

Mother's

Name

Julia E. Myers

Cause of

Primary

Foxsomnia (cause unknown)

How long sick

1 1/2 hours.

Death

Immediate

Convulsions

4 h

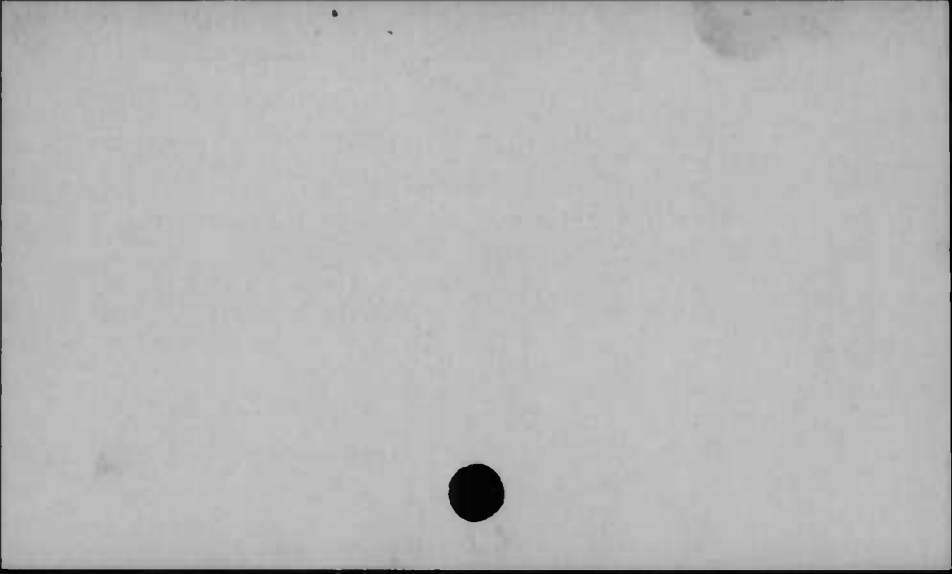
~~Accident, Suicide, Homicide~~

Reported by

J. W. Sacy, M.D.

Address

Lisbon, Howard Co, Md.





Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 189

Month 9 - Day 14

Age

Y. 36

M.

D.

Native of

Occupation

Howard  
Va.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of

Primary

Phthisis

22 a.

How long sick

2 mos.

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

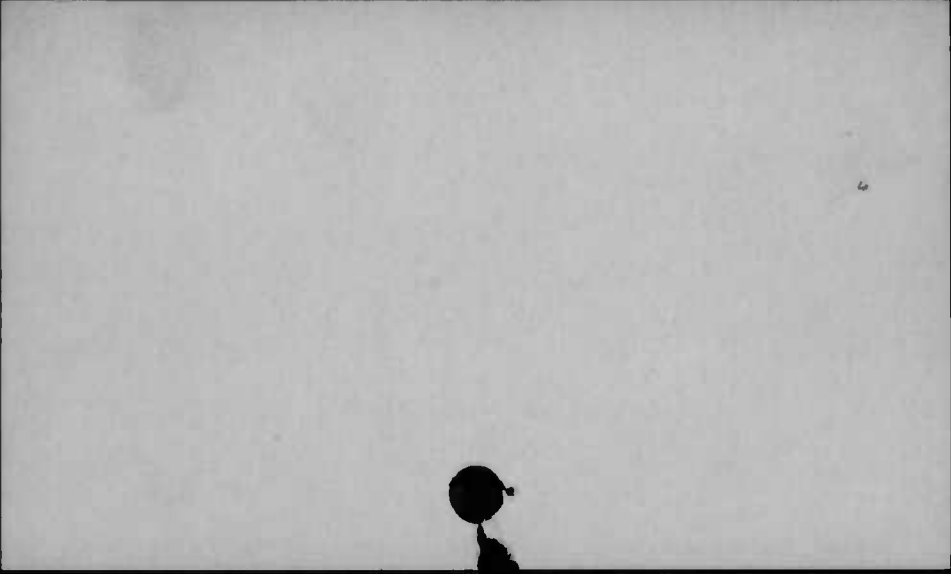
L. G. Hutchins M.D.

Address

212 N. Madison St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868



*Allie Smith*

Town

County

Died at

*Guilford*

*Harrison*

MARYLAND

Date 189 *8*

Month

Day

Y.

M.

D.

Native of

Occupation

*9 28*

Age

*75*

*Me*

*washerwoman*

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

*2*

~~Husband~~  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

*Pneumonia 72*

How long sick

*10 days*

Death

Immediate

*Exhaustion*

~~Accident, Suicide, Homicide~~

Reported by

*J. M. Smith*

*M. S.*

Address

*Garage*

*M. S.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Wesley Williams  
 Town County  
 Died at Glenwood Howard MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 189 8 Sept. 12 Age 5  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~  
 Husband ~~Wife~~ 161  
 Father's Name John W. Williams Mother's Name Annie Williams  
 Cause of Death { Primary Cause unknown. No physician How long sick One day.  
 Immediate was called to see the baby ~~Accident, Suicide, Homicide~~  
 Reported by J. W. Lacy, M. D.  
 Address Linton, Howard Co., Md.

